

ASBESTOS WASTE MANIFEST FORM

North Dakota Department of Health Asbestos Control Program SFN 58174 12/05

I. WASTE GENERATOR (BUILDING OWNER, BUILDING MANAGER, OR PROJECT CONTRACTOR)			
Operator or Contractor Name	Operator or Contractor Address		City
State	Zip Code		Phone Number
Owner Name	Owner Address		City
State	Zip Code		Owner Phone Number
Work Site Name	Work Site Address		City
State	Zip Code		Site Location (floor and/or room number)
Description of Materials	Number of Containers/Bags		Total Quantity (square yards or pounds)
Special Handling Instruction and/or Additional Information			
Owner or Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Signature of Owner or Operator			Date
II. WASTE TRANSPORTER			
Waste Transporter Name	Transporter Address		City
State	Zip Code		Phone Number
Transporter Signature		Date Transported	
III. WASTE DISPOSAL SITE			
Name of Disposal Site (landfill)	Landfill Address		City
State	Zip Code		Phone Number
Waste Disposal Site Owner or Operator Name		Waste Disposal Site Owner or Operator Title	
Waste Disposal Site Owner or Operator Certification: To the best of my knowledge, I hereby declare that the contents of this consignment are fully and accurately described on this manifest and there are not discrepancies between the amount listed above and the amount I have received, unless otherwise noted. I also certify there is no improperly enclosed or contained waste. Signature of WDS Owner or Operator Date			
Signature of WDS Owner of Operator Date			

The owner or operator must submit a copy of this completed form within 10 days of receiving the form from the disposal site operator.

Return completed form to Asbestos NESHAP Coordinator:

North Dakota Department of Health Division of Air Quality, 2nd Floor 918 East Divide Avenue Bismarck, ND 58501-1947 Phone: 701.328.5188

Fax: 701.328.5185